Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on	Mirta		
ŗ e	your government-issued picture identification (for example, your driver's license or passport).	First name	First name	_
		Middle name	Middle name	
	Bring your picture	Sulinski		
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	Mirta E. Sulinski		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0693		

De	btor 1 Mirta Sulinski		Case number (if known)				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Any business names and Employer Identification						
	Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EINs	EINs				
5.	Where you live		If Debtor 2 lives at a different address:				
		21 Holiday Park Drive Hauppauge, NY 11788					
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Suffolk					
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing	Check one:	Check one:				
٥.	this district to file for						
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Deb	otor 1 Mirta Sulinski					Case number (if known)		
Par	t 2: Tell the Court About	our Bank	cruptcy Case					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chap	ter 7					
		☐ Chap	ter 11					
		☐ Chap						
		☐ Chap						
8.	How you will pay the fee	ab	out how you may	y pay. Typically, if you ney is submitting your	are paying the fee	neck with the clerk's office in your local court for e yourself, you may pay with cash, cashier's che ehalf, your attorney may pay with a credit card	eck, or money	
		ption, sign and attach the Application for Individ	duals to Pay					
		Th	e Filing Fee in In	nstallments (Official Fo	orm 103A).	,	•	
		bu ⁻	t is not required to plies to your fam	to, waive your fee, and illy size and you are u	d may do so only if nable to pay the fe	ption only if you are filing for Chapter 7. By law, your income is less than 150% of the official post in installments). If you choose this option, you official Form 103B) and file it with your petition.	overty line that	
9.	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes.						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your	■ No.	Go to line 12	2.				
	residence?	☐ Yes.	Has your lan	dlord obtained an evid	ction judgment aga	inst you and do you want to stay in your reside	nce?	
			□ No. G	Go to line 12.	-			
			☐ Yes.	Fill out <i>Initial Stateme</i> ruptcy petition.	ent About an Evictio	on Judgment Against You (Form 101A) and file	it with this	

Deb	tor 1 Mirta Sulinski				Case number (if known)					
Part	Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor					
12.	Are you a sole proprietor									
	of any full- or part-time business?	■ No.	Go to	Part 4.						
		☐ Yes.	Name	and location of bus	siness					
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any						
	If you have more than one sole proprietorship, use a separate sheet and attach		Numbe	er, Street, City, Sta	te & ZIP Code					
	it to this petition.		Check	the appropriate bo	ox to describe your business:					
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))					
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))					
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))					
				☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))						
				None of the above	e					
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure .C. 1116(1)(B).							
	For a definition of small	■ No.	I am n	ot filing under Char	oter 11.					
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fil Code.	ing under Chapter	11, but I am NOT a small business debtor according to the definition in the Bankruptcy					
		☐ Yes.	I am fil	ing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.					
Part	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention					
14.	Do you own or have any	■ No.								
	property that poses or is alleged to pose a threat	☐ Yes.								
	of imminent and identifiable hazard to		What is t	he hazard?						
	public health or safety? Or do you own any property that needs immediate attention?			ate attention is why is it needed?						
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?							
					Number, Street, City, State & Zip Code					

Debtor 1 Mirta Sulinski Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

■ I received a briefing from an approved credit

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Mirta Sulinski			Case numbe	er (if known)				
Par	t 6: Answer These Ques	tions for R	eporting Purposes						
	What kind of debts do you have?	16a.		consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an ersonal, family, or household purpose."					
			☐ No. Go to line 16b.						
			Yes. Go to line 17.						
		16b.		ess debts? Business debts are debts ent or through the operation of the bus					
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you owe to	hat are not consumer debts or busines	ss debts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	Go to line 18.					
	Do you estimate that after any exempt property is excluded and	■ Yes.		ou estimate that after any exempt prop ole to distribute to unsecured creditors?	erty is excluded and administrative expenses ?				
	administrative expenses are paid that funds will		■ No						
	be available for distribution to unsecured creditors?	d	Yes						
18.	How many Creditors do	1 -49		□ 1,000-5,000	2 5,001-50,000				
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	☐ 50,001-100,000				
		□ 100-1 □ 200-9		□ 10,001-25,000	☐ More than100,000				
19.	How much do you	□ \$0 - \$	550,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion				
			.001 - \$500,000 .001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
		— \$500,							
20.	How much do you estimate your liabilities	□ \$0 - \$		□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	to be?		001 - \$100,000 ,001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion				
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
Par	t 7: Sign Below								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
				n aware that I may proceed, if eligible, available under each chapter, and I ch	under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.				
	at an attorney to help me fill out this								
		I request	relief in accordance with the chapt	ter of title 11, United States Code, spe	cified in this petition.				
		bankrupt and 357	tcy case can result in fines up to \$2 1.		or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,				
		/s/ Mirta Mirta S	a Sulinski ulinski	Signature of Debto	r 2				
			e of Debtor 1	Signature of Debit	· -				
		Executed	d on July 25, 2017	Executed on					
			MM / DD / YYYY	MM	I / DD / YYYY				

Debtor 1 Mirta Sulinski		Case number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of	d in this petition, declare that I have informed the debtor(s) about eligibility to proceed 11, United States Code, and have explained the relief available under each chapter octify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.) applies, certify that I have no knowledge after an inquiry that the information in the
. •	/s/ Heath S. Berger	Date July 25, 2017
	Signature of Attorney for Debtor	MM / DD / YYYY
	Heath S. Berger	
	Printed name	
	Berger, Fischoff & Shumer	P
	Firm name	
	6901 Jericho Turnpike	
	Suite 230	
	Syosset, NY 11791	
	Number, Street, City, State & ZIP Code	
	Contact phone 516-747-1136	hberger@bfslawfirm.com/gfischoff@ Email address bfslawfirm.com
	hb-7802	
	Bar number & State	

Fill i	n this information to	identify your	case:				
Debt		a Sulinski					
Debt	First N	ame	Middle Name	Last Name			
	se if, filing) First N	ame	Middle Name	Last Name			
Unite	ed States Bankruptcy	Court for the:	EASTERN DISTRICT	OF NEW YORK			
Case (if kno						_	c if this is an
						amen	ded filing
Off	icial Form 10	06Sum					
			and Liabilities a	nd Certain Statistica	I Information		12/15
infor	mation. Fill out all o	f your schedule	es first; then complete t	e are filing together, both are e the information on this form. If ck the box at the top of this pa	you are filing amende		
Part	1: Summarize Yo	ur Assets					
						Your a Value o	ssets of what you own
1.	Schedule A/B: Prop 1a. Copy line 55, To	perty (Official Fotal real estate, fr	orm 106A/B) om Schedule A/B			\$	275,000.00
	1b. Copy line 62, To	tal personal pro	perty, from Schedule A/B			\$	3,875.00
	1c. Copy line 63, To	al of all property	on Schedule A/B			\$	278,875.00
Part	2: Summarize Yo	ur Liabilities					
						Your li	abilities
						Amoun	t you owe
2.			aims Secured by Propert nn A, Amount of claim, a	ty (Official Form 106D) t the bottom of the last page of P	art 1 of Schedule D	\$	401,496.16
3.	Schedule E/F: Credi 3a. Copy the total c	tors Who Have aims from Part	Unsecured Claims (Offici 1 (priority unsecured clain	al Form 106E/F) ms) from line 6e of <i>Schedule E/F</i>		\$	0.00
	3b. Copy the total c	aims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedule i	E/F	\$	50,146.46
					Your total liabilities	\$	451,642.62
Part	3: Summarize Yo	ur Income and	Expenses				
4.	Schedule I: Your Inc Copy your combined			le I		\$	8,483.50
5.	Schedule J: Your Ex Copy your monthly e					\$	9,171.69
Part	4: Answer These	Questions for	Administrative and Sta	tistical Records			
6.	, ,		er Chapters 7, 11, or 13 on this part of the form.	? Check this box and submit this fo	rm to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt of	lo you have?					
				debts are those "incurred by an 9g for statistical purposes. 28 U.		a personal,	family, or
		e not primarily our other sched		ave nothing to report on this part	of the form. Check this	box and s	ubmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Mirta Sulinski Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,575.19

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tot	al claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Debtor 1 Mirta Sulinski First Name	Fill in this inform	nation to identify you	r case and this	s filing	n:						
Debtor 2 Spouze, if firing) Friet Name				2	,-						
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number	Deptor 1		Middle N	Name		Last Name					
Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category whink it fits beat. Be accomplete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if kn harwor verver) question. Part 15 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Manufactured or mobile home Land Manufactured or mobile home Who has an interest in the property? Check one Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other Information you wish to add about this item, such as local		First Name				Last Name					
Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category whink it fits beat. Be accomplete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if kn harwor verver) question. Part 15 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Manufactured or mobile home Land Manufactured or mobile home Who has an interest in the property? Check one Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other Information you wish to add about this item, such as local	United States Bar	nkruptcy Court for the:	EASTERN D)ISTRI	CT OF NEV	V YORK					
Official Form 106A/B Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category whink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people are filing together, both are equally responsible for supplying correct married people filing and the category	Ormod Otatoo Bar	mapley Court for the			0. 0	•					
Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category whink it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct mornation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if kn Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Do not deduct secured claims or exemption the amount of any secured claims or exemption for a competitive Current value of the entire property? Check one Duplex or multi-unit building Condominium or cooperative Current value of the entire property? Check one Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only State ZiP Code Debtor 1 only Debtor 1 and Debtor 2 only Check if this is community property identification number: Check if this is community property Check one Check if this is community property identification number: Check if this is community property Check one Check if this is community property Check on	Case number										Check if this is an amended filing
Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category withink it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct mornation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if kn Answer every question. Part 1:	Official Fo	rm 1061/P									
neach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category withink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if kn haswer every question. Part 11 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? 1.1 21 Holiday Park Drive Street address, if available, or other description What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Anunpauge NY 11788-0000 City State ZIP Code Who has an interest in the property? Check one Other Other Who has an interest in the property? Check one Other Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local Property identification number:	_		perty								12/15
## Type of the property? Single-family home	Part 1: Describe B 1. Do you own or h	tion. Each Residence, Buildin ave any legal or equitab	g, Land, or Othe	er Real	Estate You	Own or Have an	Interest In	, write your r	iame and case	e numb	er (ii kilowii).
21 Holiday Park Drive Street address, if available, or other description Single-family home	_										
Street address, if available, or other description Duplex or multi-unit building Duplex or multi-unit building Condominium or cooperative		, Bark Drivo		What		-	apply				
Hauppauge NY 11788-0000 City State ZIP Code Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Current value of the Current value of the entire property? Check one entire property? S550,000.00 \$275 Describe the nature of your ownership (such as fee simple, tenancy by the ent a life estate), if known. Tenancy by the Entirety Check if this is community property identification number:			n		Duplex or m	nulti-unit building	9	the amount	t of any secure	d claims	s on <i>Schedule D:</i>
Suffolk County Describe the nature of your ownership (such as fee simple, tenancy by the ent a life estate), if known. Tenancy by the Entirety Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:	Hauppaug	e NY 11	788-0000			ed or mobile hon	ne				ent value of the on you own?
Who has an interest in the property? Check one Debtor 1 only	City	State	ZIP Code		Timeshare	property		Describe t			
Suffolk County Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for				Who	has an intere		rty? Check one	a life estate), if known.			the entireties, or
County Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for	Suffolk			_					, 2,	019	
property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1. including any entries for	County				Debtor 1 an	nd Debtor 2 only e of the debtors a		(see in:	structions)	munity	property
pages you have attached for Part 1. Write that number here				all of y	your entries	s from Part 1,					\$275,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Deb	tor 1 N	lirta Sulins	ki		Case number	(if known)	
3. C a	ars, vans,	trucks, tract	ors, sport utility ve	hicles, motorcycles			
		•	, ,	,			
_	No						
	Yes						
					Do not	doduct occured of	aima ar ayamatiana Dut
3.1	Make:	Nissan		Who has an interest in the property? Che			aims or exemptions. Put ed claims on Schedule D:
	Model:	Altima		Debtor 1 only	Credito	ors Who Have Clai	ms Secured by Property.
	Year:	2017		Debtor 2 only		nt value of the	Current value of the
		nate mileage: formation:		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire	property?	portion you own?
	Leased			At least one of the deptors and another			
				☐ Check if this is community property (see instructions)		\$0.00	\$0.00
4. W	atercraft,	aircraft, mot	or homes, ATVs ar	nd other recreational vehicles, other ve	hicles, and accessor	ries	
Ex	amples: B	oats, trailers,	motors, personal wa	atercraft, fishing vessels, snowmobiles, mo	otorcycle accessories		
	NI.						
	No						
Ц	Yes						
5 Δ	dd the do	allar value of	the portion you ow	n for all of your entries from Part 2, inc	cluding any entries f	or	
				that number here			\$0.00
Part	3: Descri	be Your Perso	nal and Household It	ems			
Do y	ou own o	or have any le	egal or equitable in	terest in any of the following items?			Current value of the
						Ī	Doortion you own? Do not deduct secured claims or exemptions.
		goods and f		alaina laikalaannaa			·
	: <i>xampies:</i>] No	Major applian	ces, furniture, linens	s, china, kitchenware			
_	Yes. De	ecribo					
_	- 103. DC	301100					
			Household goo	ds & furnishings: bed, couch, table	e and chairs		\$1,500.00
7. E I	ectronics	:					
	xamples:	Televisions a		eo, stereo, and digital equipment; comput	ters, printers, scanner	s; music collection	ons; electronic devices
_		including cell	phones, cameras, n	nedia players, games			
_	No D						
	Yes. De	scribe					
			Television			1	\$500.00
						-	
8 C	ollectibles	s of value					
			figurines; paintings,	prints, or other artwork; books, pictures, o	or other art objects; sta	amp, coin, or ba	seball card collections;
		other collection	ons, memorabilia, co	ollectibles			
	No						
	Yes. De	scribe					
9. E c	guipment	for sports a	nd hobbies				
	xamples:	Sports, photo	graphic, exercise, ai	nd other hobby equipment; bicycles, pool	tables, golf clubs, skis	; canoes and ka	yaks; carpentry tools;
_	_	musical instru	ıments				
_	No						
	Yes. De	scribe					
10. F	Firearms						
	Examples	: Pistols, rifles	s, shotguns, ammuni	ition, and related equipment			
	No						

Debtor 1	Mirta Sulinski	Case number (if known)	
☐ Yes	s. Describe		
☐ No	es nples: Everyday clothes, furs, leather coats, designer wea . Describe	ar, shoes, accessories	
	Wearing apparal and personal	effects	\$1,000.00
□ No	Iry nples: Everyday jewelry, costume jewelry, engagement rir Describe Miscellaneous jewerly	ngs, wedding rings, heirloom jewelry, watches, gems, go	old, silver \$500.00
	inicocharicodo jewerry		
Exam ■ No □ Yes	farm animals Inples: Dogs, cats, birds, horses Inples: Describe Inples: Describe	ndy list including any health aids you did not list	
■ No	s. Give specific information	ay list, iliciduling any fieath alds you did not list	
	the dollar value of all of your entries from Part 3, incl Part 3. Write that number here		\$3,500.00
Part 4: D	escribe Your Financial Assets		
Do you o	own or have any legal or equitable interest in any of th	ne following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	nples: Money you have in your wallet, in your home, in a s	safe deposit box, and on hand when you file your petitio	n
		Cash	\$50.00
Exam	sits of money nples: Checking, savings, or other financial accounts; cert institutions. If you have multiple accounts with the		ouses, and other similar
	Checking account; 17.1. joint with husband TE	D Bank	\$325.00
Exam ■ No	s, mutual funds, or publicly traded stocks nples: Bond funds, investment accounts with brokerage fi	irms, money market accounts	
joint ■ No	oublicly traded stock and interests in incorporated an venture Give specific information about them	nd unincorporated businesses, including an interest	in an LLC, partnership, and
Official For	·	ula A/Di Dranashi	0

Official Form 106A/B

De	ebtor 1	Mirta Sulinski	Case number (if known)	
		Name of entity:	% of ownership:	
20.	Negotia Non-ne ■ No		otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
21.		nent or pension accounts les: Interests in IRA, ERISA, Keogh, 401(k),	403(b), thrift savings accounts, or other pension or profit-sharing plan	s
	■ No □ Yes. I	ist each account separately. Type of account:	Institution name:	
22.	Your st <i>Examp</i>		o that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications companies,	or others
	■ No □ Yes		Institution name or individual:	
23.		es (A contract for a periodic payment of mon	ney to you, either for life or for a number of years)	
	■ No □ Yes	Issuer name and description.		
24.		s in an education IRA, in an account in a c C. §§ 530(b)(1), 529A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuition progra	m.
	☐ Yes	Institution name and description	on. Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	■ No	equitable or future interests in property (or Give specific information about them	other than anything listed in line 1), and rights or powers exercis	able for your benefit
26.	Examp ■ No	s, copyrights, trademarks, trade secrets, a les: Internet domain names, websites, proced Give specific information about them		
27.		es, franchises, and other general intangibles: Building permits, exclusive licenses, coo	les perative association holdings, liquor licenses, professional licenses	
		Give specific information about them		
M	oney or p	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.		unds owed to you		
	■ No □ Yes. 0	Give specific information about them, including	ng whether you already filed the returns and the tax years	
29.	■ No		support, child support, maintenance, divorce settlement, property set	element
30.	Examp ■ No	benefits; unpaid loans you made to some	nents, disability benefits, sick pay, vacation pay, workers' compensat eone else	ion, Social Security
	பரes.	Give specific information		

Debtor 1	Mirta Sulinski	Case number (if known)	
31 Inter	ests in insurance policies		
	mples: Health, disability, or life insurance; health savings account (HS.	A); credit, homeowner's, or renter's insurar	nce
	s. Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
If yo	nterest in property that is due you from someone who has died u are the beneficiary of a living trust, expect proceeds from a life insureone has died.	ance policy, or are currently entitled to rec	eive property because
■ No □ Yes	s. Give specific information		
	ns against third parties, whether or not you have filed a lawsuit on mples: Accidents, employment disputes, insurance claims, or rights to		
_	s. Describe each claim		
■ No	r contingent and unliquidated claims of every nature, including c	ounterclaims of the debtor and rights to	set off claims
	inancial assets you did not already list		
■ No	s. Give specific information		
	I the dollar value of all of your entries from Part 4, including any of Part 4. Write that number here		\$375.00
Part 5:	Describe Any Business-Related Property You Own or Have an Interest In. I	List any real estate in Part 1.	
37. Do yo	u own or have any legal or equitable interest in any business-related prop	erty?	
	Go to Part 6.		
☐ Yes.	Go to line 38.		
	Describe Any Farm- and Commercial Fishing-Related Property You Own or you own or have an interest in farmland, list it in Part 1.	r Have an Interest In.	
	ou own or have any legal or equitable interest in any farm- or con	nmercial fishing-related property?	
☐ Y	es. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That You Did No	ot List Above	
	ou have other property of any kind you did not already list? mples: Season tickets, country club membership		
	s. Give specific information		
54. Ad	I the dollar value of all of your entries from Part 7. Write that num	ber here	\$0.00

Deb	tor 1 Mirta Sulinski		Case number (if known)	
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$275,000.00
56.	Part 2: Total vehicles, line 5	\$0.00		
57.	Part 3: Total personal and household items, line 15	\$3,500.00		
58.	Part 4: Total financial assets, line 36	\$375.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$3,875.00	Copy personal property total	\$3,875.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$278,875.00

H	I in this inform	ation to identify your case:						
De	ebtor 1	Mirta Sulinski First Name	Middle Name	L	ast Name			
	ebtor 2							
(Sp	ouse if, filing)	First Name	Middle Name	L	ast Name			
Ur	nited States Ban	kruptcy Court for the: EAST	ERN DISTRICT OF NI	EW Y	ORK			
Ca	se number							
(if k	(nown)					_	ck if this is an	
						ame	ended filing	
O.	fficial For	m 106C						
S	chedule	C: The Prope	rty You Cla	im	as Exempt		4/16	
the nee	property you list	ted on Schedule A/B: Property attach to this page as many co	(Official Form 106A/B)	as yo	ther, both are equally responsible for our source, list the property that you age as necessary. On the top of any	claim as exempt.	If more space is	
spe any fun exe	ecific dollar am applicable stands as—may be un amption to a pa	ount as exempt. Alternatively tutory limit. Some exemption limited in dollar amount. Ho	y, you may claim the f ns—such as those for wever, if you claim an	ull fai heal exen	ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain be aption of 100% of fair market valudetermined to exceed that amoun	ing exempted up enefits, and tax- e under a law th	to the amount of exempt retirement at limits the	
Pa	rt 1: Identify	the Property You Claim as I	Exempt					
1.	Which set of	exemptions are you claiming	? Check one only, eve	n if vo	our spouse is filing with you.			
	_	iming state and federal nonbar		_				
	_	-		11 0.0	3.C. 9 322(D)(3)			
		ming federal exemptions. 11						
2.	For any prope	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.						
		Brief description of the property and line on Schedule A/B that lists this property		the Amount of the exemption you claim		Specific laws that	at allow exemption	
			Copy the value from Schedule A/B	Check only one box for each exemption.				
		Park Drive Hauppauge,	\$275,000.00		\$165,550.00	NYCPLR § 52	206	
	Line from Sche	uffolk County edule A/B: 1.1			100% of fair market value, up to any applicable statutory limit			
	Household o	goods & furnishings: bed	\$1,500.00		\$1,500.00	NYCPLR § 52	205(a)(5)	
	Line from Sche				100% of fair market value, up to any applicable statutory limit			
	Television Line from Sche	edule A/B: 7.1	\$500.00		\$500.00	NYCPLR § 52	205(a)(5)	
					100% of fair market value, up to any applicable statutory limit			
		paral and personal effects	\$1,000.00		\$1,000.00	NYCPLR § 52	205(a)(5)	
					100% of fair market value, up to any applicable statutory limit			
	Miscellaneo	us jewerly edule A/B: 12.1	\$500.00		\$500.00	NYCPLR § 52	205(a)(6)	
	LINE HOLD SCHE	cuult A/D. 1 4.1			100% of fair market value, up to any applicable statutory limit			

Official Form 106C

Debt	or 1 Mi	rta Sulinski			Case number (if known)	<u> </u>
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own			Specific laws that allow exemption	
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Cash	Schedule A/B: 16.1	\$50.00		\$50.00	NYCPLR § 5205(d)(2)
	Line nom	Scriedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
		g account; joint with	\$325.00		\$325.00	NYCPLR § 5205(d)(2)
		Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	(Subject t □ No		3 years after that for ca	ases fi	led on or after the date of adjustme	,

Filli	in this informa	ation to identify yo	ur case:				
Deb	tor 1	Mirta Sulinski					
		First Name	Middle Name Last Na	me			
	tor 2 use if, filing)	First Name	Middle Name Last Na	me			
Unit	ed States Banl	kruptcy Court for the	: EASTERN DISTRICT OF NEW YORK				
Case (if kno	e number					_	if this is an led filing
Offi	cial Form	106D					
Sc	hedule [D: Creditors	Who Have Claims Secu	ıred	by Propert	y	12/15
is nee	eded, copy the Aper (if known).	Additional Page, fill it	If two married people are filing together, both out, number the entries, and attach it to this fo				
	_ `	ave claims secured b					
l	☐ No. Check t	this box and submit t	his form to the court with your other schedul	les. You	have nothing else to	o report on this form.	
ı	Yes. Fill in a	all of the information	below.				
Part	1 List All	Secured Claims					
for ea	ach claim. If mo	re than one creditor has	more than one secured claim, list the creditor seps s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Wells Farg	o Home	Describe the property that secures the claim	n:	\$401,496.16	\$550,000.00	\$0.00
	Creditor's Name		21 Holiday Park Drive Hauppauge, NY 11788 Suffolk County				
	PO Box 14- Des Moines 50306-3411	s, IA	As of the date you file, the claim is: Check all tapply. Contingent	that			
	Number, Street, C	City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who	owes the deb	t? Check one.	Nature of lien. Check all that apply.				
	ebtor 1 only ebtor 2 only		An agreement you made (such as mortgage car loan)	or secure	ed		
	ebtor 1 and Deb	otor 2 only	Statutory lien (such as tax lien, mechanic's li	ien)			
_		e debtors and another	☐ Judgment lien from a lawsuit				
	check if this clai		☐ Other (including a right to offset)				
Date	debt was incur	rred 2003	Last 4 digits of account number	912			
If t		age of your form, add	Column A on this page. Write that number here the dollar value totals from all pages.	:	\$401,49 \$401,49		
Part	2: List Othe	ers to Be Notified fo	or a Debt That You Already Listed				

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fill in	this inform	nation to identify your	case:					
Debto	r 1	Mirta Sulinski						
		First Name	Middle Na	ame	Last Name			
Debto		First Name	Middle Ne		Loot Name			
(Spouse	if, filing)	First Name	Middle Na	ame	Last Name			
United	l States Bar	kruptcy Court for the:	EASTERN D	DISTRICT OF NE	W YORK			
Case	number							
(if knowr	_			_				Check if this is an
							a	mended filing
Ott: ~	ial Farm	100E/E						
		<u>106E/F</u> /F:	lla a l lavra	Llassassas	d Claima			40/45
		/F: Creditors W					ors with NONPRIORITY clai	12/15
Schedu left. Atta name a	le D: Credito ach the Cont nd case num	ors Who Have Claims Sectinuation Page to this pag ber (if known).	ured by Properi je. If you have n	ty. If more space is information to r	s needed, copy	the Part you nee	ith partially secured claims ed, fill it out, number the en Part. On the top of any addi	tries in the boxes on the
Part 1		l of Your PRIORITY Un						
_	-	rs have priority unsecure	d claims agains	st you?				
	No. Go to Pa	art 2.						
	Yes.							
Part 2		l of Your NONPRIORIT						
3. Do	any credito	rs have nonpriority unsec	cured claims ag	ainst you?				
	No. You hav	e nothing to report in this p	art. Submit this f	orm to the court wit	th your other sche	edules.		
	Yes.							
un: tha	secured claim	n, list the creditor separately	y for each claim.	For each claim liste	ed, identify what t	type of claim it is.	im. If a creditor has more that Do not list claims already income unsecured claims fill out the	cluded in Part 1. If more
								Total claim
4.1	Amazon	/Synchrony Bank		Last 4 digits of ac	count number	1920		\$1,070.71
	Nonpriority PO Box	Creditor's Name		When was the de	ht incurred?	Prior to 3/1		
		, FL 32896		when was the de	bt incurred?	P1101 to 3/1	0	_
		reet City State Zlp Code		As of the date you	u file, the claim	is: Check all that	apply	
	Who incur	red the debt? Check one.						
	Debtor	1 only		☐ Contingent				
	☐ Debtor	2 only		☐ Unliquidated				
	☐ Debtor	1 and Debtor 2 only		☐ Disputed				
	☐ At least	one of the debtors and and	other	Type of NONPRIC	ORITY unsecure	d claim:		
	☐ Check	if this claim is for a comr	nunity	☐ Student loans				
	debt	m outlingt to -4540				aration agreement	t or divorce that you did not	
	_	n subject to offset?		report as priority cl		anlanal	ar aimilar dahte	
	■ No			Debts to pension	•		er similar dedts	
	☐ Yes			Other. Specify	Credit Card	1		_

Official Form 106 E/F

Debtor 1 Mirta Sulinski		Case number (if know)						
4.2	Capital One	Last 4 digits of account number	6537	\$5,003.70				
	Nonpriority Creditor's Name PO Box 30281	When was the debt incurred?	Prior to 3/16					
	Salt Lake City, UT 84130-0281	mon was the dest mountain.	11101 10 3/10					
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply					
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	······································					
	No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	Other. Specify Mastercard						
4.3	Capital One	Last 4 digits of account number	7883	\$2,444.78				
	Nonpriority Creditor's Name							
	PO Box 30281	When was the debt incurred?	Prior to 3/16					
	Salt Lake City, UT 84130-0281 Number Street City State Zlp Code	As of the date you file, the claim i						
	Who incurred the debt? Check one.	• ,						
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	<u> </u>						
		☐ Disputed Type of NONPRIORITY unsecured	d claim:					
	At least one of the debtors and another	Student loans	a oldiiii.					
	☐ Check if this claim is for a community debt	_	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	ration agreement of divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify Mastercard						
4.4	Capital One	Last 4 digits of account number	4812	\$4,854.61				
	Nonpriority Creditor's Name	_		 				
	PO Box 30281	When was the debt incurred?	Prior to 3/17					
	Salt Lake City, UT 84130-0281 Number Street City State Zlp Code	As of the data you file the claim	S. Chaele all that apply					
	Who incurred the debt? Check one.	As of the date you file, the claim	5. Спеск ан тлат арргу					
	_							
	Debtor 1 only	Contingent						
	Debtor 2 only	Unliquidated						
	Debtor 1 and Debtor 2 only	Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community	Student loans						
	debt		ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	No	☐ Debts to pension or profit-sharin	g pians, and other similar debts					
	☐ Yes	Other. Specify Visa						

Official Form 106 E/F

Debtor 1 Mirta Sulinski		Case number (if know)							
4.5	Chase Bank	Last 4 digits of account number	9296	\$5,933.46					
	Nonpriority Creditor's Name PO Box 15298	When was the debt incurred?	Prior to 3/17						
	Wilmington, DE 19850-5298	mion was the dest mountain.	11101 to 0/17						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Visa							
4.6	Chase/Slate	Last 4 digits of account number	8693	\$3,149.56					
	Nonpriority Creditor's Name PO Box 15153	When we the debt incomed?	prior to 2/17						
	Wilmington, DE 19886	When was the debt incurred?	When was the debt incurred? prior to 3/17						
	Number Street City State Zlp Code	As of the date you file, the claim							
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure							
	☐ Check if this claim is for a community	☐ Student loans							
	debt	Obligations arising out of a sepa	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Visa							
4.7	David Jack	Last 4 digits of account number		\$5,000.00					
	Nonpriority Creditor's Name	_		. ,					
	PO Box 2687	When was the debt incurred?	Prior to 3/17						
	North Babylon, NY 11703 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.	,,,,,,	on on an anatoppi,						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	_ `							
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure							
		☐ Student loans							
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa							
	Is the claim subject to offset?	report as priority claims	adion agreement of divolce that you did flot						
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	■ Other. Specify Services							
		Culoi. Opcomy							

Debto	Mirta Sulinski	Case number (if know)						
4.8	Discover	Last 4 digits of account number	9030	\$4,232.00				
	Nonpriority Creditor's Name PO Box 3008	When was the debt incurred?	Prior to 3/17					
	New Albany, OH 43054-3008 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim						
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Credit Card	1					
4.9	Home Depot	Last 4 digits of account number	2274	\$1,972.99				
	Nonpriority Creditor's Name PO Box 790328	When was the debt incurred?	Prior to 3/17					
	St Louis, MO 63179 Number Street City State Zlp Code	Ac of the data you file, the claim						
	Who incurred the debt? Check one.	As of the date you file, the claim						
	■ Debtor 1 only	☐ Contingent						
	□ Debtor 2 only □ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	Yes	Other. Specify Credit Card						
4.1	Kohls	Last 4 digits of account number	0994	\$1,981.15				
	Nonpriority Creditor's Name	_						
	PO Box 3043	When was the debt incurred?	Prior to 3/17					
	Milwaukee, WI 53201-3043 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.	,						
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims						
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts					
	☐ Yes		<u>.</u>					
	□ 1eS	Other. Specify Credit Card	4					

Debto	Mirta Sulinski		Case number (if know)	
4.1 1	Macys	Last 4 digits of account number	3340	\$2,028.29
	Nonpriority Creditor's Name 9111 Duke Blvd Mason, OH 45040	When was the debt incurred?	Prior to 3/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Credit Card	<u> </u>	
4.1	Mt Sinai Dr Nonpriority Creditor's Name	Last 4 digits of account number	3565	\$3,200.00
	C-Tech Collections PO Box 402	When was the debt incurred?	Prior to 3/17	
	Mount Sinai, NY 11766 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset? —	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	01 ,	
	Yes	Other. Specify Medical set	vices	
4.1	Sallie Mae/U Promise Nonpriority Creditor's Name	Last 4 digits of account number	4863	\$9,025.21
	PO Box 9500 Wilkes Barre, PA 18773-9500	When was the debt incurred?	Prior to 3/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa		
	Is the claim subject to offset?	report as priority claims	malana and other similar 1111	
	■ No	Debts to pension or profit-sharin		
	☐ Yes	Other. Specify Mastercard		

Official Form 106 E/F

4.1	St Cathoning of Signar		2546	¢250.00					
4	St Catherine of Sienna Nonpriority Creditor's Name	Last 4 digits of account number	<u>2516</u>	\$250.00					
	50 Route 25A	When was the debt incurred?	6/23/14						
	Smithtown, NY 11787								
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	■ Debtor 1 only	☐ Contingent	☐ Contingent						
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not							
	debt								
	Is the claim subject to offset?	report as priority claims							
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	□Yes	Other. Specify Medical se	rvices						
Part	3: List Others to Be Notified About a D	ebt That You Already Listed							
is t hav	this page only if you have others to be notified rying to collect from you for a debt you owe to we more than one creditor for any of the debts the ified for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor in at you listed in Parts 1 or 2, list the addi	Parts 1 or 2, then list the collection agency he	ere. Similarly, if you					
	e and Address	On which entry in Part 1 or Part 2 did you	· ·						
	Catherine of Sienna		f l Part 1: Creditors with Priority Unsecured Claims						
St C	essional Claims Bureau, Inc		Part 2: Creditors with Nonpriority Unsecured Cla	aims					
St C									
St C Prof PO	Box 9060 sville. NY 11802								
St C Prof	Sville, NY 11802	Last 4 digits of account number	3129						
St C Prof	sville, NY 11802		3129						

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				1	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	50,146.46
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	50,146.46

Fill in this infor	mation to identify your	case:			
Debtor 1	Mirta Sulinski				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case number					
(if known)					☐ Chec
,					amei
				I	-

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Nissan Motor Acceptance Corp PO Box 660366 Dallas, TX 75266	2017 Nissan Pathfinder \$479.69 monthly payment Account no.:3576

Fill in this in	formation to identify your	case:			
Debtor 1	Mirta Sulinski				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
-					
United States	Bankruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official F	Form 106H				
		abtera			
<u>Scneau</u>	le H: Your Cod	eptors			12/15
our name an	nd case number (if known)	. Answer every question			o of any Additional Pages, write
1. Do yo	u have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No					
☐ Yes					
Arizona,	the last 8 years, have you California, Idaho, Louisiana				states and territories include
_	o to line 3. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line 2	again as a codebtor only i 6D), Schedule E/F (Officia	f that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	lumn 1: Your codebtor ne, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt s that apply:
3.1				☐ Schedule D, line	e
Nar	me			☐ Schedule E/F, li	
				☐ Schedule G, line	· · · · · · · · · · · · · · · · · · ·
Nur	mber Street				
City		State	ZIP Code		
3.2 Nar	me			☐ Schedule D, line ☐ Schedule E/F, li	
				☐ Schedule E/F, ii	
					
Nur City	mber Street	State	ZIP Code		
Oity		2.00	2 0000		

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	in this information to ident											
Deb	otor 1 Mirta	a Sulinsl	(i				_					
	otor 2						_					
Uni	ted States Bankruptcy Co	urt for the:	EASTERN DISTRICT	OF NEV	V YORK		_					
	se number							☐ An	if this is:	d filing	g postpetition	a abantar
											ollowing date	
<u>O</u>	fficial Form 106	<u> </u>						MM	// / DD/ Y	YYY		
S	chedule I: You	ır Inco	ome									12/15
	ch a separate sheet to the tale. Describe Employmen information.	loyment	On the top of any addition	Debto	•	name	and			·	Inswer every	•
	If you have more than one job, attach a separate page with information about additional		more than one job, parate page with Employment status		■ Employed □ Not employed				■ Emplo	oved		
									☐ Not employed			
	employers.		Occupation	Scho	ol Aid			<u> </u>	Diagno	stic Tech	า	
	Include part-time, season self-employed work.	nal, or	Employer's name	Comr	mack School			<u>ı</u>	Premie	r Ultra		
	Occupation may include or homemaker, if it applies		Employer's address	Comi	mack, NY 117	725			Hauppa	uge, NY	11788	
			How long employed the	here?	14 years				2	4 years		
Par	t 2: Give Details A	bout Mon	thly Income									
	mate monthly income as use unless you are separa		te you file this form. If y	you have	nothing to rep	ort for a	any l	line, write \$	\$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing spouse e space, attach a separate			mbine th	ne information f	or all e	mplo	oyers for th	nat perso	n on the li	nes below. If	you need
								For Debte	or 1		btor 2 or ing spouse	
2.	List monthly gross was deductions). If not paid					2.	\$	8	366.86	\$	0.00	-
3.	Estimate and list mont	hly overti	me pay.			3.	+\$		0.00	+\$	0.00	-
1	Calculate gross Income	α Add lin	a 2 + lina 3			1	\$	966	2 9 6	\$	0.00	1

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Mirta Sulinski	_	С	ase number (if kn	own)			
					For Debtor 1			Debtor 2 or	
	C	w line 4 have	4		¢ 000	00		-filing spouse	
	Cop	y line 4 here	4.		\$ 866	.86	\$	0.00	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 91	.69	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0	.00	\$	0.00	-
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0	.00	\$	0.00	.
	5d.	Required repayments of retirement fund loans	5d.		\$ 0	.00	\$	0.00	-
	5e.	Insurance	5e.			.00	\$	0.00	-
	5f.	Domestic support obligations	5f.			.00	\$_	0.00	
	5g.	Union dues	5g.			.00	\$_	0.00	-
	5h.	Other deductions. Specify:	_ 5h	.+	\$0	.00	+ \$	0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$91	.69	\$	0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$ 775	.17	\$	0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a			.00	\$_	7,708.33	
	8b.	Interest and dividends	8b.		\$0	.00	\$	0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c.			.00	\$	0.00	
	8d.	Unemployment compensation	8d			.00	\$	0.00	-
	8e.	Social Security	8e.		\$0	.00	\$	0.00	=
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0	.00	\$	0.00	
	8g.	Pension or retirement income	 8g.		·	.00	\$	0.00	-
	8h.	Other monthly income. Specify:	_ 8h			.00	+ \$	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0	.00	\$_	7,708.33	3
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$	775.17	+ \$	7 7	708.33 = \$	8,483.50
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	770.11	-	- , .	-	0,100.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe				-	Schedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certainies						12. \$	8,483.50
4.0	_		_						y income
13.	ַ סט	you expect an increase or decrease within the year after you file this form	′						
		No. Yes. Explain:							

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:			1		
Deb		Mirta Sulinsl				Che	ck if this is:	
	101 1	Will ta Sullisi	NI .				An amended filing	
	tor 2 buse, if filing)						A supplement show 13 expenses as of	ving postpetition chapter
(Spc	Juse, II IIIIIg)							une following date.
Unit	ed States Bankr	ruptcy Court for the	: EASTE	RN DISTRICT OF NEW Y	ORK		MM / DD / YYYY	
	e number							
(If Ki	nown)							
Of	ficial Fo	rm 106J						
		J: Your	Exper	ises				12/1
Be info	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer ever	possible eded, atta ry questio	If two married people ar ch another sheet to this				
Pari	1: Descr Is this a joir	ibe Your House	hold					
••	No. Go to							
	_	s Debtor 2 live i	in a separ	ate household?				
	□N							
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of Deb	otor 2.	
2.	Do you have	e dependents?	☐ No					
	Do not list Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter		_ 11	■ Yes □ No
					Son		14	□ No ■ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.		enses include	_	No	-		_	L 103
		f people other ti d your depende		Yes				
Par	Estim	ate Your Ongoi	na Monthl	v Evnansas				
Est exp	imate your ex	penses as of yo	our bankrı	uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses
(,						
4.		or home owners and any rent for the		ses for your residence. I r lot.	nclude first mortgag	e 4. :	\$	4,513.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$	\$	0.00
	•	rty, homeowner's				4b. \$	\$	0.00
			•	ipkeep expenses		4c. \$	·	0.00
5.		owner's associat nortgage payme		dominium dues our residence, such as ho	me equity loans	4d. 5		0.00

Debtor 1	Mirta Sul	inski	Case	numl	ber (if known)	
2 114:1	lition					
6. Util 6a.	lities:	heat, natural gas		6a.	\$	300.00
6b.	•	ver, garbage collection		6b.		50.00
			un door		·	
6c.	•	, cell phone, Internet, satellite, and cable se	ervices	6c.	*	215.00
6d.				6d.	·	0.00
		keeping supplies		7.	\$	950.00
		hildren's education costs		8.	\$	0.00
		y, and dry cleaning		9.	\$	300.00
0. Per	sonal care p	roducts and services		10.	\$	200.00
1. Me d	dical and der	ital expenses		11.	\$	75.00
	•	Include gas, maintenance, bus or train fare		12.	\$	300.00
	not include ca		e and books	13.		150.00
		clubs, recreation, newspapers, magazine	s, allu buuks			150.00
		ibutions and religious donations		14.	Ф	50.00
	urance.	annua and all distant financia and a second	dia liana Ann OC			
		surance deducted from your pay or included		150	¢	0.00
	a. Life insura			15a.		0.00
	Health insu			15b.	·	994.00
	. Vehicle ins			15c.		216.00
		rance. Specify:		15d.	\$	0.00
6. Tax	ces. Do not inc	clude taxes deducted from your pay or inclu	ided in lines 4 or 20.			
	ecify:			16.	\$	0.00
		ase payments:		_		
17a	 Car payme 	nts for Vehicle 1	1	17a.	\$	479.69
		nts for Vehicle 2	•	17b.	\$	0.00
17c	. Other. Spe	cify: Husband 's car payment	•	17c.	\$	379.00
	l. Other. Spe			17d.	\$	0.00
		of alimony, maintenance, and support th		10	Ф.	0.00
ded	ducted from y	our pay on line 5, Schedule I, Your Inco	me (Official Form 106I).	18.		
		you make to support others who do not	live with you.		\$	0.00
	ecify:			19.		
		erty expenses not included in lines 4 or 5				
		on other property		20a.		0.00
20b	 Real estate 	etaxes	2	20b.	\$	0.00
20c	. Property, h	omeowner's, or renter's insurance	2	20c.	\$	0.00
20d	l. Maintenan	ce, repair, and upkeep expenses	2	20d.	\$	0.00
		er's association or condominium dues	2	20e.	\$	0.00
	er: Specify:			21.	· -	0.00
					- *	0.00
	-	nonthly expenses				
	a. Add lines 4	•			\$	9,171.69
22b	. Copy line 22	? (monthly expenses for Debtor 2), if any, from	om Official Form 106J-2		\$	
220	. Add line 22a	and 22b. The result is your monthly exper	ises.		\$	9,171.69
					· —	5,171.05
		nonthly net income.				
		2 (your combined monthly income) from So		23a.		8,483.50
23b	. Copy your	monthly expenses from line 22c above.	2	23b.	-\$	9,171.69
23c		our monthly expenses from your monthly incise your monthly net income.	come.	23c.	\$	-688.19
	ine result	is your monany necinoune.	•		I	
24. Do	you expect a	n increase or decrease in your expenses	s within the year after you file	this	form?	
For	example, do yo	u expect to finish paying for your car loan within the				se or decrease because of a
mod	dification to the t	erms of your mortgage?				
1	No.					
Пν	Yes.	Explain here:				

Fill in this infor	mation to identify your	case:			
Debtor 1	Mirta Sulinski				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK		
Case number					
(if known)					Check if this is an amended filing
O#: -: -! F	400D				
Official Form		n Individual	Debtor's Sch	odulos	
Declara	Holl About a	III IIIuiviuuai	Depior 3 3cm	edules	12/15
f two married po	eople are filing together	, both are equally respon	sible for supplying correc	t information.	
					ment, concealing property, or
	y or property by fraud ir 8 U.S.C. §§ 152, 1341, 1		uptcy case can result in fi	nes up to \$250,000), or imprisonment for up to 20
•					
Sig	n Below				
Olg	II Below				
Did you pa	y or agree to pay some	one who is NOT an attorn	ey to help you fill out banl	kruptcy forms?	
■ No					
☐ Yes. I	Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
Under neng	alter of porjury I doctors	that I have road the cump	eary and cahadulas filed w	vith this declaration	a and
	e true and correct.	that I have read the Sumi	nary and schedules filed w	ith this declaration	n and
X /s/ Mir	ta Sulinski		X		
	Sulinski re of Debtor 1		Signature of De	btor 2	
Date _	July 25, 2017		Date		

Official Form 106Dec

Fill	in this infor	mation to identify your	case:						
	otor 1	Mirta Sulinski							
		First Name	Middle Name	Last Name					
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name					
Uni	ted States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK					
Cas	se number								
	nown)				_	heck if this is an mended filing			
∩f	ficial Ec	rm 107							
	<u>ficial Fo</u> atement		Affairs for Individ	duals Filing for B	ankruptcy	4/16			
Be a info num	as complete a rmation. If n nber (if know	and accurate as possi nore space is needed, n). Answer every ques	ble. If two married people a attach a separate sheet to	are filing together, both are this form. On the top of any	equally responsible for supply additional pages, write you				
1.		r current marital statu		LIVER DETOTE					
٠.	wriat is you	ii current mantai statu	5 :						
	■ Married □ Not ma								
2.	During the last 3 years, have you lived anywhere other than where you live now?								
	■ No □ Yes. Lis	st all of the places you li	ved in the last 3 years. Do no	ot include where you live now	<i>ı</i> .				
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
3. state					ity property state or territory co, Texas, Washington and W				
	■ No								
	☐ Yes. Ma	ake sure you fill out Sch	edule H: Your Codebtors (O	fficial Form 106H).					
Par	t 2 Expla	in the Sources of You	Income						
4.	Fill in the total	al amount of income you	received from all jobs and a	ng a business during this yeall businesses, including partete together, list it only once un		ndar years?			
	□ No ■ Yes, Fil	ll in the details.							
			Debtor 1		Dahtan 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
		of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$4,529.32	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Official Form 107

Debtor 1 Mi	rta Sulinski			Cas	e number (if known)	
		De	ebtor 1		Debtor 2	
				One ee in ee me		0
			ources of income	Gross income	Sources of income	Gross income (before deductions
		Cr	eck all that apply.	(before deductions and	Check all that apply.	and exclusions)
				exclusions)		and exclusions)
or last calen	ndar year:	_	Magaa aammiaaiana	\$67,355.00	☐ Wages, commissi	ons
	December 3		Wages, commissions,	401,000.00	bonuses, tips	0113,
•		, 00	nuses, tips		bondoos, apo	
			Operating a business		Operating a busin	ess
or the calen	dar year befo	re that:	Wages, commissions,	\$43,283.00	☐ Wages, commissi	ons
lanuary 1 to	December 3	2015 1	nuses, tips	• •	bonuses, tips	,
		50	nuses, ups			
			Operating a business		☐ Operating a busin	ess
			Wages, commissions,	\$28,621.00	☐ Wages, commissi	ons.
			nuses, tips	• •	bonuses, tips	,
		_	. ,			
			Operating a business		☐ Operating a busin	ess
winnings.	If you are filing	g a joint case ar	nd you have income that y	rest; dividends; money collection received together, list it detely. Do not include income to	only once under Debtor	
□ No						
Yes.	Fill in the deta	ils.				
		D-	htan 4		Dahtan 0	
			btor 1 urces of income	Gross income from	Debtor 2 Sources of income	Gross income
			scribe below.	each source	Describe below.	(before deductions
		Бо	soribe below.	(before deductions and	Describe below.	and exclusions)
				exclusions)		,
or the calen	dar year befo	re that: IR	A Distrubtion	\$75,530.00		
	December 3		A Diotrubtion	Ψ10,000.00		
art 3: List	t Certain Pay	ments You Mad	le Before You Filed for	Bankruntov		
art o.	t Ochtam i ay	nents rou wat	de Belore Tou Flied for	Dankiuptoy		
Are eithe	r Debtor 1's o	r Debtor 2's de	ebts primarily consume	debts?		
☐ No.				ı mer debts. Consumer debi	s are defined in 11 U.S.	C. § 101(8) as "incurred by a
			sonal, family, or househo			2.3.10.(0) 400404.2)
		,	· · · · · · · · · · · · · · · · · · ·			
	During the 9	0 days before y	ou filed for bankruptcy, di	d you pay any creditor a tota	I of \$6,425* or more?	
	□ No.	Go to line 7.				
	_		creditor to whom you pai	d a total of \$6,425* or more	in one or more navment	e and the total amount you
	— 1es			nts for domestic support obliq		
			ments to an attorney for the		janono, odon do omiu su	ipport and aimiony. Also, ao
				s after that for cases filed on	or after the date of adju	istment.
.	•	•			,	
■ Yes.			th have primarily consu			
	During the 9	0 days before y	ou filed for bankruptcy, di	d you pay any creditor a tota	of \$600 or more?	
	п					
		Go to line 7.				
				d a total of \$600 or more and		
				bligations, such as child sup	port and alimony. Also,	do not include payments to a
		attorney for this	bankruptcy case.			
-		A .1.1	D-1 (nt Total amount	Amount you Wa	a this payment for
Creditor	's Name and	Address	Dates of payme	nt Total amount	Amount von	s this payment for

Case number (if known)

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corp of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount paid Amount you still owe Reason for this payment sill owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benef insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment sill owe Include creditor's name						
PO Box 14411 Des Moines, IA 50306-3411 payment payment Car Credit Card Loan Repayment Suppliers or vendors Other Nissan Motor Acceptance Corp \$469.69 monthly \$0.00 \$0.00 Mortgage Car Credit Card Loan Repayment Suppliers or vendors Other Nissan Motor Acceptance Corp \$469.69 monthly \$0.00 \$0.00 Mortgage Car Credit Card Loan Repayment Suppliers or vendors Other Other Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corp of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No						
PO Box 660366 Dallas, TX 75266 Payment Car Credit Card Loan Repayment						
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corp of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount Amount you still owe Reason for this payment insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment insider. No Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Include creditor's name						
Insider's Name and Address Dates of payment Total amount paid Amount you still owe Reason for this payment No Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount paid Amount you still owe Reason for this payment Total amount paid Amount you still owe Reason for this payment Total amount paid Amount you still owe Reason for this payment Include creditor's name						
8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefinsider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount paid Amount you still owe Include creditor's name						
Post 4: Identify Logal Actions Panagassians and Forcelegues						
Part 4: Identify Legal Actions, Repossessions, and Foreclosures						
Vithin 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? ist all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody nodifications, and contract disputes. No Yes. Fill in the details. Nature of the case Court or agency Status of the case						
Case number						
 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. 						
Creditor Name and Address Describe the Property Date Value pr						

Debtor 1 Mirta Sulinski

Deb	otor 1	Mirta Sulinski		Case number	(if known)	
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?					
	_	No				
	Ш	Yes. Fill in the details.				
	Cred	ditor Name and Address	De	escribe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?					
		No				
	_	Yes				
Par		List Certain Gifts and Contributions				
	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?					
	No					
	_	Yes. Fill in the details for each gift.				
		-		Describe the wifts	Detec you gove	Value
		s with a total value of more than \$600 person		Describe the gifts	Dates you gave the gifts	value
		son to Whom You Gave the Gift and ress:				
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?					
	■ No					
	Yes. Fill in the details for each gift or contribution.					
		s or contributions to charities that totale than \$600	al	Describe what you contributed	Dates you contributed	Value
		rity's Name				
	Add	ress (Number, Street, City, State and ZIP Code)				
Par	t 6:	List Certain Losses				
15.		in 1 year before you filed for bankrupto mbling?	су оі	r since you filed for bankruptcy, did you lose anyt	hing because of the	ft, fire, other disaster,
	_					
	_	No				
	Ш	Yes. Fill in the details.				
			escr	ibe any insurance coverage for the loss	Date of your	Value of property
				e the amount that insurance has paid. List pending	loss	lost
		in	sura	nce claims on line 33 of Schedule A/B: Property.		
Par	t 7:	List Certain Payments or Transfers				
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you					
	consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.					
	and the second s					
		No				
		Yes. Fill in the details.				
	Pers	son Who Was Paid		Description and value of any property	Date payment	Amount of
	Add	ress		transferred	or transfer was	payment
		ail or website address			made	
		son Who Made the Payment, if Not You	J	\$4 F00 00 lovel for the \$605 00 CV	#200 00	40.00
		ger, Fischoff & Shumer, LLP		\$1,500.00 legal fee plus \$335.00 filing fee & \$100.00 credit counseling fee	\$300.00 was	\$0.00
		1 Jericho Turnpike te 230		iee α φτου.υυ credit counseling fee	paid on 12/9/16 with	
		esset, NY 11791			the remaining	
	-,-				balance to be	
					paid prior to	
					filing petition	

Case number (if known)

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of or transfer was Address transferred payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No П Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was **Address** property transferred payments received or debts made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No П Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold. before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? П Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, have it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code)

Official Form 107

Debtor 1

Mirta Sulinski

Pa	rt 9: Identify Property You Hold or Control for	Someone Else							
23.			rty y	ou borrowed from, are storing for	, or hold in trust				
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	escribe the property	Value				
Pa	rt 10: Give Details About Environmental Inform	nation							
For	the purpose of Part 10, the following definitions	s apply:							
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, groun	_	•					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law,	, whether you now own, operate, c	or utilize it or used				
	Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or		s wa	aste, hazardous substance, toxic s	ubstance,				
Rep	port all notices, releases, and proceedings that y	ou know about, regardless of whe	n the	ey occurred.					
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e un	der or in violation of an environme	ental law?				
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any release of hazardous material?								
	■ No								
	☐ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admini	istrative proceeding under any env	/iron	mental law? Include settlements a	and orders.				
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case				
Pa	rt 11: Give Details About Your Business or Cor	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny o	f the following connections to any	business?				
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, eitl	her full-time or part-time					
	☐ A member of a limited liability company	y (LLC) or limited liability partnersl	nip (i	LLP)					
	☐ A partner in a partnership								
	☐ An officer, director, or managing execu	tive of a corporation							
	☐ An owner of at least 5% of the voting of	r equity securities of a corporation							

Official Form 107

Debtor 1 Mirta Sulinski

Deb	tor 1 Mirta Sulinski	Cas	Case number (if known)						
	■ No. None of the above applies. Go to F	Part 12.							
	☐ Yes. Check all that apply above and fill								
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.						
	(· · · · · , · · · , · · · , · · · · ·	Name of accountant of bookkeeper	Dates business existed						
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.								
	■ No								
	Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued							
Par	12: Sign Below								
are t		false statement, concealing property, or ok	leclare under penalty of perjury that the answers otaining money or property by fraud in connection rs, or both.						
	Mirta Sulinski	Ciamatura of Dahton O							
	ta Sulinski nature of Debtor 1	Signature of Debtor 2							
Dat	July 25, 2017	Date							
Did ■ N	•	nt of Financial Affairs for Individuals Filing	for Bankruptcy (Official Form 107)?						
■ N	you pay or agree to pay someone who is not o es. Name of Person . Attach the <i>Bankru</i> ,								
	a								

Fill in this inforn	nation to identify your o	case:									
Debtor 1	Mirta Sulinski										
Debtor 2	First Name	Middle Name	Last Name								
(Spouse if, filing)	First Name	Middle Name	Last Name								
United States Bar	nkruptcy Court for the:	EASTERN DISTRIC	CT OF NEW YORK								
Case number _											
(if known)					☐ Check if this is an amended filing						
					· ·						
Official Form 108											
Statement of Intention for Individuals Filing Under Chapter 7											
				•							
	vidual filing under chap claims secured by you	. •	out this form if:								
_	ed personal property a		t expired.								
	ver is earlier, unless th		ou file your bankruptcy petition time for cause. You must also s								
	ople are filing together d date the form.	in a joint case, both	n are equally responsible for su	pplying correct inform	ation. Both debtors must						
	and accurate as possib our name and case nun		needed, attach a separate sheet	to this form. On the to	op of any additional pages,						
Part 1: List Yo	our Creditors Who Have	Secured Claims									
1. For any creditorinformation be	_	ort 1 of Schedule D:	Creditors Who Have Claims Sec	cured by Property (Off	icial Form 106D), fill in the						
Identify the cre	editor and the property th	nat is collateral	What do you intend to do with secures a debt?	the property that	Did you claim the property as exempt on Schedule C?						
Creditor's W	/ells Fargo Home Mo	rtgage	☐ Surrender the property.		□ No						
name:			Retain the property and rede		■ V						
Description of	21 Holiday Park Dr		Retain the property and enter Reaffirmation Agreement.	into a	■ Yes						
property securing debt:	Hauppauge, NY 11 County	788 Suffolk	Retain the property and [explanation	ain]:							
securing debt.	•		retain								
	our Unexpired Personal		n Schedule G: Executory Contra	acts and Unexnired Le	ases (Official Form 106G), fill						
in the information	n below. Do not list rea	l estate leases. Une	xpired leases are leases that are trustee does not assume it. 1	e still in effect; the lea	se period has not yet ended.						
Describe your u	nexpired personal prop	erty leases		Will	the lease be assumed?						
Lessor's name:	Nissan Motor	Acceptance Corp			No						
				•	Yes						
Description of lea	used 2017 Nissan P a	athfinder									
Property:	\$479.69 month Account no.:	ly payment									

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Dec	otor 1	Mirta Sulinski	Case number (if known)	-
Par	t 3:	Sign Below		
Ind	or non	alty of periury. I declare that I have ind	cated my intention about any property of my estate that secures a debt and any personal	
orop	erty th	nat is subject to an unexpired lease.	cated my intention about any property of my estate that secures a debt and any personal	
	erty th	nat is subject to an unexpired lease. Iirta Sulinski	X	_
orop	erty th /s/ M Mirta	nat is subject to an unexpired lease. Iirta Sulinski a Sulinski	X Signature of Debtor 2	_
orop	erty th /s/ M Mirta	nat is subject to an unexpired lease. Iirta Sulinski	X	_

Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and acan number (if known). It you believe that you are exempted form an presumption of abuse because you do not have primary consumer debts or because of puulifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income								_					
Debtor 2 Caseau.e.# (Fire)	Fill in	this inform	nation to identify your	r case:							irected	in this form and	in Form
United States Bankruptcy Court for the: Eastern District of New York 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Alexans Test Calculation (Official Form 122A - 1) 3. The Means Test does not apply now because of qualified military service but it could apply later. Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an	Debto	or 1	Mirta Sulinski					12	2A-1Sup	pp:			
United States Bankruptoy Court for the: Eastern District of New York Case number If it shows If it shows the state of t									□ 1. Th	ere is no pres	umption	of abuse	
Check if this is an amended filing Check if this is an amended filing			ankruptcy Court for t	he: Eastern D	istrict o	of New Y	′ork		ap	pplies will be n	nade un	der <i>Chapter 7 N</i>	•
Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income 12/1: Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the fine number to which the additional information applies. On the top of any additional pages, write your name and assumbre (if known). If you believe that you are exempted from an presumption of Jacobse because you do not how how primarily militarly service, complete and file Steament of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-15upp) with this form. Part 15. Calculate Your Current Monthly Income Not married. Fill out Column A, lines 2-11.									C	alculation (Off	cial For	m 122A-2).	
Chapter 7 Statement of Your Current Monthly Income Bases complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, a complete and accurate as possible, include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of underlying military service, complete and the Statement of Zeemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is Riling with you. Fill out both Columns A and B, lines 2-11. Living in the same household and are not legally separated. Fill out Column A, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; on to fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that another with your spouse are legally separated under nonbankruptcy law that another lines are legally separated under nonbankruptcy law that another lines are legally separated under nonbankruptcy law that another lines bankruptcy as a fill of the law law law law law law law	(if know	vn)											
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which the additional information applies. On the top of any additional pages, write your name and acan number (if known). If you believe that yo as are sessipped from a presumption of Abuse Under \$7.707(x)2) (Official Form 122A-15upp) with this form. Part 1: Calculate Your Current Monthly Income 1. What is your marital and filing status? Check one only. Mot married, Fill out Column A, lines 2-11. Married and your spouse is filling with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11. Living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(E). Fill in the average monthly income that you recoved from all sources, derived during the 6 full months before you fill this bankruptcy case. 11 U.S.C. § 101(t0A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and wide the total by 6. Hill in the average monthly income that you received from all sources, derived during the 6 full months and and the income for all 6 months and wide the total by 6. Hill in the source of the separate of the spouse of	Off:	oial Ea	orm 1001	1					☐ Che	ck if this is a	n amer	nded filing	
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and ase number (if known). It you believe that you are exempted form a presumption of abuse because you do not have princip consumer debts or because of paulifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income Not married. Fill out Column A, lines 2-11.				_	· C	***	4 Manthl	lv. Ind	- m				
attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and asse number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Calculate Your Current Monthly Income	Cna	apter	7 Statemen	t of Your	Cu	rren	t Wonth	y inc	ome				12/15
1. What is your marital and filling status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filling with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filling with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount one than one. For example, 10 the 10 through August 31. If the amount of your monthly income varied during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you result to have nothing to report for any file 3 in the space. Fill in the server of the full income varied during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, 10 through August 31. If the amount of that you and your spouse are legally separated. Fill out both Column B is filled in. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from a possible of line 3.	attach case n	a separate umber (if kı	sheet to this form. Inc nown). If you believe t	clude the line nun hat you are exem	ber to	which thom a pre	ne additional info	ormation a	applies. (se you d	On the top of an o not have prin	ny additi narily co	onal pages, write onsumer debts or	your name and because of
Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filing with you. You and your spouse are: Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month, period would be Manch 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for 18 if months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column B Debtor 1 Column B Debtor 2 or non-filing spouse	Part 1	1: Cal	culate Your Current	t Monthly Incor	ne								
☐ Married and your spouse is RIIIng with you. Fill out both Columns A and B, lines 2-11. ■ Married and your spouse is NOT filling with you. You and your spouse are: ■ Living in the same household and are not legally separated. Fill out both Column B, lines 2-11. by the cking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 full months before you file this bankruptcy case. 11 U.S.C § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 full months before you file this bankruptcy case. 11 U.S.C § 101(10A). Fill in the average monthly income for monthly income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payeroll deductions). \$ 866.86 \$ 0.00 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is not filled in. Do not include payments you listed	1. \	What is yo	our marital and filing	g status? Chec	k one o	only.							
■ Married and your spouse is NOT filling with you. You and your spouse are: ■ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. I1 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. I1 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Debtor 1 Debtor 2 or non-filling spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions) 3. Allimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, or farm \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				*									
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The mental of early freezery \$\pi\$				• .	opertv	· –		y here ->	\$	0.00	\$	0.00	
7. Interest, dividends, and royalties \$ 0.00 \$ 0.00				•	- _F - C - C y	Ψ_	·		· —	0.00	\$	0.00	

Official Form 122A-1

					Column A Debtor 1		Column B Debtor 2 o non-filing		
8.	Unemploy	ment compensation			\$	0.00	\$	0.00	
	the Social	er the amount if you contend that the amou Security Act. Instead, list it here:		fit under					
				.00					
	For you	spouse	\$0	.00					
9.	Pension o	r retirement income. Do not include any a der the Social Security Act.		as a	\$	0.00	\$	0.00	
10.	Do not incl received a	om all other sources not listed above. So ude any benefits received under the Social is a victim of a war crime, a crime against he perrorism. If necessary, list other sources or	nts Il or						
					\$	0.00	\$	0.00	
					\$	0.00	\$	0.00	
	T	otal amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.		your total current monthly income. Add nn. Then add the total for Column A to the		\$	866.86	+ \$_	7,708.33	= \$	8,575.19
								Total c	urrent monthly
Part	2: Det	ermine Whether the Means Test Applies	s to You						
12.	Calculate	your current monthly income for the yea	ar. Follow these steps:						
		your total current monthly income from line			Con	v line 11	here=>	\$	8,575.19
	a. 00p)	, , , , , , , , , , , , , , , , , , , ,				,			0,070.13
	Multip	oly by 12 (the number of months in a year)						X 1	12
	12b. The r	esult is your annual income for this part of	the form				12k	o. s 10	02,902.28
		·							
13.	Calculate	the median family income that applies to	o you. Follow these ste	ps:					
	Fill in the s	tate in which you live.	NY						
	Fill in the r	number of people in your household.	4						
	To find a li	nedian family income for your state and siz st of applicable median income amounts, g n. This list may also be available at the bar	o online using the link s	specified	in the separa	ate instru	. 13. ctions	\$	91,998.00
14		e lines compare?							
1-7.	14a. 🗆	Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1, cl	heck box	1, There is i	no presur	mption of abus	se.	
	14b.	Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	o of page 1, check box 2	2, The pre	esumption of	abuse is	determined b	y Form 12	22A-2.
art	3: Sig	n Below							
art		gning here, I declare under penalty of perju	ry that the information o	n this sta	atement and	in any att	achments is t	rue and co	orrect
			ry that the imornation c	// till3 3tt	atoment and	iii ariy ati	acimicino is t	ide and o	oncot.
		Mirta Sulinski							
		rta Sulinski Inature of Debtor 1							
		ly 25, 2017							
	MN	I/DD /YYYY							
	If you	checked line 14a, do NOT fill out or file Fo	orm 122A-2.						
	If you	checked line 14b, fill out Form 122A-2 and	d file it with this form.						

Mirta Sulinski

Fill In this information to identify your case.	Check the appropriate box as directed in						
Debtor 1 Mirta Sulinski	lines 40 or 42:						
Debtor 2	According to the calculations required by this Statement:						
(Spouse, if filing)							
United States Bankruptcy Court for the: Eastern District of New York	■ 1. There is no presumption of abuse.						
Case number	☐ 2. There is a presumption of abuse.						
(if known)	-						
	☐ Check if this is an amended filing						
Official Form 122A - 2							
Chapter 7 Means Test Calculation	04/10						
To fill out this form, you will need your completed copy of Chapter 7 Statem	ent of Your Current Monthly Income (Official Form 122A-1).						
Be as complete and accurate as possible. If two married people are filing too space is needed, attach a separate sheet to this form, Include the line numb							
additional pages, write your name and case number (if known).	· · · · · · · · · · · · · · · · · · ·						
Part 1: Determine Your Adjusted Income							
· · · · · · · · · · · · · · · · · · ·							
Copy your total current monthly income. Copy line 11 income.	from Official Form 122A-1 here=> \$ 8,575.19						
2. Did you fill out Column B in Part 1 of Form 122A-1?							
☐ No. Fill in \$0 for the total on line 3.							
■ Yes. Is your spouse Filing with you?							
■ No. Go to line 3.							
☐ Yes. Fill in \$0 for the total on line 3.							
 Adjust your current monthly income by subtracting any part of your sp household expenses of you or your dependents. Follow these steps: 	pouse's income not used to pay for the						
On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents?	reported for your spouse NOT regularly used for the household						
☐ No. Fill in 0 for the total on line 3.							
■ Yes. Fill in the information below:							
State each purpose for which the income was used	Fill in the amount you are subtracting from						
For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.	your spouse's income						
Husband's car payment	\$379.00						
	\$						
	\$						
	\$						
Total.	\$ 379.00						
	Copy total here=> \$ 379.00						
Adjust your current monthly income. Subtract line 3 from line 1.	\$ 8,196.19						
, , , , , , , , , , , , , , , , , , , ,							

Official Form 122A-2

Debtor 1	Mirta Sulinski	Case number (if known)							
Part 2:	Calculate Your Deductions from Your Income								
to an	Internal Revenue Service (IRS) issues National and I nswer the questions in lines 6-15. To find the IRS sta uctions for this form. This information may also be a	ndards, go online	using the link speci	fied in the separate	ounts				
your	act the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Enter in line 3 and do not deduct any operating expenses to	o not deduct any ar	nounts that you subtr	acted fro your spouse's					
If you	ur expenses differ from month to month, enter the average	ge expense.							
Whei	never this part of the from refers to you, it means both you	ou and your spouse	if Column B of Form	122A-1 is filled in.					
5. The number of people used in determining your deductions from income									
Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.									
Natio	onal Standards You must use the IRS National	al Standards to answ	ver the questions in li	nes 6-7.					
7.	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance.	d other items. Der of people you er mber of people is sp a higher IRS allowa	tered in line 5 and th it into two categories ance for health care c	# e IRS National Standard: people who are under 6	55 and				
Peop	ole who are under 65 years of age								
	7a. Out-of-pocket health care allowance per person	\$ 49							
	7b. Number of people who are under 65	X4							
	7c. Subtotal. Multiply line 7a by line 7b.	\$ 196.00	Copy here=	*> \$ <u>196.00</u>					
Peop	ole who are 65 years of age or older								
	7d. Out-of-pocket health care allowance per person	\$117							
	7e. Number of people who are 65 or older	X0							
	7f. Subtotal. Multiply line 7d by line 7e.	\$	Copy here=	·> +\$ <u>0.00</u>					
	7g. T otal. Add line 7c and line 7f		\$196.00_	Copy total here=>	\$196.00_				

Case number (if known)

Loc	al Sta	andards	You m	ust use	the IRS	S Local S	Standard	s to ansv	wer the qu	estions in lir	nes 8-15.					
		n informa tcy purpo				e U.S. Tr	rustee Pr	ogram l	has divid	ed the IRS I	_ocal Stan	dard for	housin	g for		
.	łousi	ing and u	tilities -	Insura	nce an	d opera	ting exp	enses								
_		ing and u				-										
Тоа	answ	er the qu	estions	in lines	s 8-9, u	se the U	J.S. Trus	tee Pro	gram cha	rt.						
		ie chart, g t may also							nstruction	s for this for	m.					
В.	Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses											793.00				
9.	Hou	ising and	utilities	s - Mort	gage o	r rent ex	xpenses	:								
	9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses															
9b. Total average monthly payment for all mortgages and other debts secured by your home.																
		To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.														
		Name of the creditor Average monthly payment														
		Wells F	argo H	ome N	/lortga	ige			\$	4,513.00						
				Tota	al avera	ige mont	thly paym	nent	\$	4,513.00	Copy here=>	-\$	4	l,513.00	Repeat this amount on line 33a.	
	9c.	Net mort	gage or	rent ex	pense.											
									e 9a (<i>moi</i>		\$		0.00	Copy here=>	\$	0.00
10.										cal Standard nal amount			correct	and	\$	0.00
	Ex	plain why:														
11.	Loc	al transp	ortation	expen	ses: Cł	heck the	number	of vehicl	es for whi	ch you clain	n an owners	ship or o	perating	expense		
). Go to lin	ie 14.													
	1	. Go to lin	ıe 12.													
		or more.	Go to lir	ne 12.												
12.										umber of vel us region or					\$	299.00

Mirta Sulinski

Debtor 1	Mirta Sulinski		Case number (if known)	
13.	Vehicle ownership or lease expense: Using the IRS Local S You may not claim the expense if you do not make any loan of more than two vehicles.			
Vel	hicle 1 Describe Vehicle 1:			
13a.	Ownership or leasing costs using IRS Local Standard		\$\$	
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.			
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 month bankruptcy. Then divide by 60.		at	
	Name of each creditor for Vehicle 1	Average monthly payment		
	-NONE-	\$		
	Total Average Monthly Payment	\$0.00	Copy here => -\$	0.00 Repeat this amount on line 33b.
13c.	Net Vehicle 1 ownership or lease expense			Copy net
	Subtract line 13b from line 13a. if this amount is less than \$0,	enter \$0.	\$ 485.00	Vehicle 1 expense here => \$ 485.00
Vel	hicle 2 Describe Vehicle 2:			
13d.	Ownership or leasing costs using IRS Local Standard		\$ 0.00	
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs fo	or	
	Name of each creditor for Vehicle 2	Average monthly payment		
		\$		
	Total Average Monthly Payment	\$	Copy here => -\$ 0.	Repeat this amount on line 33c.
13f.	Net Vehicle 2 ownership or lease expense			Copy net Vehicle 2
	Subtract line 13e from line 13d. if this amount is less than \$0,	enter \$0	0.00	expense here => \$ 0.00
14.	Public transportation expense: If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you			e Public \$ 0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in wI not claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the a		

Oth	er Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	self-employment taxes, soo your pay for these taxes. H	imount that you will actually owe for federal, state and local taxes, such as income taxes, cial security taxes, and Medicare taxes. You may include the monthly amount withheld from lowever, if you expect to receive a tax refund, you must divide the expected refund by 12 from the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate,	sales, or use taxes.	\$	91.69
17.	Involuntary deductions: 7 contributions, union dues, a	The total monthly payroll deductions that your job requires, such as retirement and uniform costs.		
	Do not include amounts that	at are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payr	monthly premiums that you pay for your own term life insurance. If two married people are ments that you make for your spouse's term life insurance. Do not include premiums for life ents, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	0.00
19.	Court-ordered payments: administrative agency, such			
	Do not include payments of	n past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total mont			
	as a condition for your jo	ob, or		
	for your physically or me	entally challenged dependent child if no public education is available for similar services.	\$	0.00
21.		nly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.	\$	0.00
	Do not include payments for	or any elementary or secondary school education.	Φ —	0.00
22.	that is required for the heal	penses, excluding insurance costs: The monthly amount that you pay for health care th and welfare of you or your dependents and that is not reimbursed by insurance or paid at. Include only the amount that is more than the total entered in line 7.		
	Payments for health insura	nce or health savings accounts should be listed only in line 25.	\$	0.00
23.	for you and your dependen	elephone services: The total monthly amount that you pay for telecommunication services its, such as pagers, call waiting, caller identification, special long distance, or business cell it necessary for your health and welfare or that of your dependents or for the production of ed by your employer.		
		or basic home telephone, internet and cell phone service. Do not include self-employment eported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses a Add lines 6 through 23.	illowed under the IRS expense allowances.	\$	3,514.69

Mirta Sulinski

Debtor 1	Mirta Sulinski				Case number (if known)			
Add	ditional Expense Deductions	These are additiona	al deduction	s allowed by th	e Means Test.			
		Note: Do not include	e any expe	nse allowances	listed in lines 6-24.			
25.					ses. The monthly expenses for health y necessary for yourself, your spouse, or			
	Health insurance		\$	994.00				
	Disability insurance		\$	0.00				
	Health savings account		+ \$	0.00				
]			
	Total		\$	994.00	Copy total here=>	\$	994.00	
	Do you actually spend this total	al amount?			J			
	□ No. How much do you	actually spend?						
	Yes		\$					
26.	continue to pay for the reasona	able and necessary ca your immediate family	re and supp who is una	oort of an elder ble to pay for s	e actual monthly expenses that you will by, chronically ill, or disabled member of uch expenses. These expenses may 29A(b).	\$	0.00	
27.	Protection against family vio							
	By law, the court must keep th	st keep the nature of these expenses confidential.						
28.	Additional home energy cos line 8.	ts. Your home energy	costs are ir	ncluded in your	insurance and operating expenses on			
	If you believe that you have ho 8, then fill in the excess amoun			an the home e	nergy costs included in expenses on line			
	You must give your case truste amount claimed is reasonable		our actual e	\$	0.00			
29.	\$160.42* per child) that you pa	Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.						
	You must give your case truste claimed is reasonable and nec				ou must explain why the amount 23.			
	* Subject to adjustment on 4/0	1/19, and every 3 year	s after that	for cases begu	n on or after the date of adjustment.	\$_	320.84	
30.	Additional food and clothing higher than the combined food than 5% of the food and clothing	and clothing allowand	es in the IR	RS National Sta	ctual food and clothing expenses are ndards. That amount cannot be more			
	To find a chart showing the mainstructions for this form. This							
	You must show that the addition	onal amount claimed is	reasonable	e and necessar	y.	\$	0.00	
31.	Continuing charitable contri instruments to a religious or ch				ntribute in the form of cash or financial	+\$	50.00	
32.	Add all of the additional exp Add lines 25 through 31.	ense deductions.				\$	1,364.84	

3 For deb	ts that are secured by an inter	rest in property that you own, includ	ling home m	ortnage	vehicle			
	ind other secured debt, fill in I		iiig nome m	ortgages	, veriicie	•		
		payment, add all amounts that are cont or bankruptcy. Then divide by 60.	ractually due	to each s	ecured			
Mor	tgages on your home:							erage monthly yment
3a. Cop	y line 9b here					=>	\$	4,513.00
Loa	ns on your first two vehicles:							
3b. Cop	y line 13b here					=>	\$_	0.00
3c. Cop	y line 13e here					=>	\$_	0.00
3d. List	other secured debts:							
ame of eac	h creditor for other secured debt	Identify property that secures the	edebt	it	oes paym nclude tax nsurance?	es or		
					□ No			
-NOI	NE-				☐ Yes		\$	
					L 163		Ψ _	
					□ No			
					☐ Yes		\$	
					□ No			
					☐ Yes		+\$_	
							opy otal	
Be. Total	average monthly payment. Add	lines 33a through 33d		S	4,513.00	1	ere=>	\$ 4,513.00
1. Are any or othe	debts that you listed in line 3 reproperty necessary for your solutions of to line 35.	3 secured by your primary residence support or the support of your dependence of your dep	ndents?					
■ No.	State any amount that you mu listed in line 33, to keep posse Next, divide by 60 and fill in the	ession of your property (called the cure						
■ No.	listed in line 33, to keep posse Next, divide by 60 and fill in th	ession of your property (called the <i>cure</i> ne information below.	amount).		al cure ount			Monthly cure amount
■ No. □ Yes.	listed in line 33, to keep posse Next, divide by 60 and fill in th	ession of your property (called the <i>cure</i> ne information below.	amount).			÷ 60)= \$	
■ No. □ Yes.	listed in line 33, to keep posse Next, divide by 60 and fill in th	ession of your property (called the <i>cure</i> ne information below.	amount).	amo		_ ÷ 60) = \$	
■ No. □ Yes.	listed in line 33, to keep posse Next, divide by 60 and fill in th	ession of your property (called the <i>cure</i> ne information below.	amount).	amo		_) = \$	
■ No. □ Yes.	listed in line 33, to keep posse Next, divide by 60 and fill in th	ession of your property (called the <i>cure</i> ne information below.	amount).	*		C	opy	amount
No. Yes.	listed in line 33, to keep posses Next, divide by 60 and fill in the creditor owe any priority claims such a	ession of your property (called the <i>cure</i> ne information below.	Total	*	ount	C	ору	
No. Yes.	listed in line 33, to keep posses Next, divide by 60 and fill in the creditor owe any priority claims such a	ession of your property (called the <i>cure</i> ne information below. Identify property that secures the de	Total	*	ount	C	opy	amount
No. Yes. NonE- Do you are pas: No.	listed in line 33, to keep posses Next, divide by 60 and fill in the creditor owe any priority claims such at due as of the filing date of your Go to line 36.	as a priority tax, child support, or all our bankruptcy case? 11 U.S.C. § 50	Total simony - that	*	ount	C	opy	amount

Mirta Sulinski

Debtor 1	IVIII LE	a Sulinski		Case	number (if known)	
Fo	r more	eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for Bankruptcy Bas ns for this form. Bankruptcy Basics may also be availab	s <i>ics</i> specifi			
	No.	Go to line 37.				
		Fill in the following information.				
		Projected monthly plan payment if you were filing under	er Chapter	13 \$	i	
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for d and North Carolina) or by the Executive Office for Unite (for all other districts).	listricts in <i>F</i>	Alabama		
		To find a list of district multipliers that includes your dis the link specified in the separate instructions for this fo be available at the bankruptcy clerk's office.				Copy total
		Average monthly administrative expense if you were file	ing under	Chapter 13	\$	here=> \$
		of the deductions for debt payment. ss 33e through 36.				\$4,513.00
Total	Deduct	tions from Income				
38. A c	ld all o	of the allowed deductions.				
		e 24, All of the expenses allowed under IRS e allowances	\$	3,514.69		
	•	e 32, All of the additional expense deductions	\$	1,364.84		
C	opy lin	e 37, All of the deductions for debt payment	+\$	4,513.00	\neg	
		Total deductions	\$	9,392.53	Copy total here.	\$ 9,392.53
Part 3:	Det	ermine Whether There is a Presumption of Abuse				
39. C a	lculate	e monthly disposable income for 60 months				
		py line 4, adjusted current monthly income	\$	8,196.19		
		py line 38, Total deductions	- \$	9,392.53		
3		onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	-1,196.34	Copy here=>\$	-1,196.34
F	or the i	next 60 months (5 years)			x	60
3	9d. To t	tal. Multiply line 39c by 60	390	d. \$	71,780.40 Cop	71 700 10
40. Fi i	nd out	whether there is a presumption of abuse. Check the	box that a	applies:		
	The li	ine 39d is less than \$7,700*. On the top of page 1 of the	nis form, cl	neck box 1, <i>Thei</i>	re is no presumptio	on of abuse. Go to Part 5.
		ine 39d is more than \$12,850*. On the top of page 1 or 4 if you claim special circumstances. Go to Part 5.	f this form,	check box 2, Th	nere is a presumpt	ion of abuse. You may fill out
	The li	ine 39d is at least \$7,700*, but not more than \$12,850	0*. Go to li	ne 41.		
*S		to adjustment on 4/01/19, and every 3 years after that for			e date of adjustme	nt.

Debtor 1	Mirta	a Sulinski	Case number (if known)
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled of A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) Multiply line 41a by 0.25	
25	% of y	ne whether the income you have left over after subtracting all allowed de our unsecured, nonpriority debt. e box that applies:	eductions is enough to pay
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> Part 5.	ere is no presumption of abuse.
		39d is equal to or more than line 41b. On the top of page 1 of this form, chemption of abuse. You may fill out Part 4 if you claim special circumstances. T	
Part 4:	Giv	e Details About Special Circumstances	
		re any special circumstances that justify additional expenses or adjustmatternative? 11 U.S.C. \S 707(b)(2)(B).	nents of current monthly income for which there is no
■ N	lo. Go	to Part 5.	
□ Y		in the following information. All figures should reflect your average monthly en. You may include expenses you listed in line 25.	xpense or income adjustment for each
	ne	u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ustments.	
	G	ive a detailed explanation of the special circumstances	Average monthly expense or income adjustment
			\$
			\$
			\$
			<u></u> \$
Part 5:		n Below	
		gning here, I declare under penalty of perjury that the information on this state	ement and in any attachments is true and correct.
		Mirta Sulinski rta Sulinski	
	Sig	nature of Debtor 1	
Da		ly 25, 2017 // DD / YYYY	

Debtor 1	Mirta Sulinski	Case number (if known)	

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2017 to 07/31/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Earnings

Income by Month:

6 Months Ago:	02/2017	\$866.86
5 Months Ago:	03/2017	\$866.86
4 Months Ago:	04/2017	\$866.86
3 Months Ago:	05/2017	\$866.86
2 Months Ago:	06/2017	\$866.86
Last Month:	07/2017	\$866.86
	Average per month:	\$866.86

Debtor 1	firta Sulinski	Case number (if known)
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Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **02/01/2017** to **07/31/2017**.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Business Income** Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	02/2017	\$7,875.00	\$0.00	\$7,875.00
5 Months Ago:	03/2017	\$5,875.00	\$0.00	\$5,875.00
4 Months Ago:	04/2017	\$7,500.00	\$0.00	\$7,500.00
3 Months Ago:	05/2017	\$8,250.00	\$0.00	\$8,250.00
2 Months Ago:	06/2017	\$9,625.00	\$0.00	\$9,625.00
Last Month:	07/2017	\$7,125.00	\$0.00	\$7,125.00
	Average per month:	\$7,708.33	\$0.00	
			Average Monthly NET Income:	\$7,708.33

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

			Easterr	n District of New Yo	rk		
In re	Mirta Sulinski			D-h4- ::(-)	Case N		
				Debtor(s)	Chapte	er 7	
	DISC	CLOSURE	OF COMPENS	ATION OF ATTO	RNEY FOR	DEBTOR(S)
	compensation paid to	me within one y	ear before the filing of	I certify that I am the atto f the petition in bankrupto r in connection with the ba	y, or agreed to be p	aid to me, for ser	
	For legal service	s, I have agreed	to accept		\$	1,500.0	0_
	Prior to the filing	g of this statemen	nt I have received		\$	1,500.0	<u>0</u>
	Balance Due				\$	0.0	0
2.	The source of the con	npensation paid	to me was:				
	■ Debtor	☐ Other (spe	ecify):				
3.	The source of comper	nsation to be paid	d to me is:				
	■ Debtor	☐ Other (spe	ecify):				
4.	■ I have not agreed	to share the abo	ve-disclosed compens	ation with any other perso	n unless they are n	nembers and asso	ciates of my law firm.
				n with a person or persons of the people sharing in the			of my law firm. A
5.	In return for the abov	re-disclosed fee,	I have agreed to rende	r legal service for all aspe	cts of the bankrupt	cy case, including	g:
	 b. Preparation and fi 	ling of any petiti the debtor at the	on, schedules, stateme	g advice to the debtor in dent of affairs and plan whind confirmation hearing,	ch may be required	;	
6.			a written retainer a	es not include the followi greement setting forth			
				CERTIFICATION			
	I certify that the forego cankruptcy proceeding		ete statement of any ag	reement or arrangement f	or payment to me f	or representation	of the debtor(s) in
J	uly 25, 2017			/s/ Heath S. Ber	ger		
L)ate			6901 Jericho Tu Suite 230	ney f & Shumer, LLF Irnpike	•	
				Syosset, NY 113 516-747-1136 hberger@bfslav	791 vfirm.com/afiscl	ooff@bfelawfir	m com

Name of law firm

United States Bankruptcy Court Eastern District of New York

In re	Mirta Sulinski		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Syosset, NY 11791 516-747-1136

USBC-44 Rev. 9/17/98

Amazon/Synchrony Bank PO Box 965016 Orlando FL 32896

Capital One PO Box 30281 Salt Lake City UT 84130-0281

Capital One PO Box 30281 Salt Lake City UT 84130-0281

Capital One PO Box 30281 Salt Lake City UT 84130-0281

Chase Bank PO Box 15298 Wilmington DE 19850-5298

Chase/Slate PO Box 15153 Wilmington DE 19886

David Jack PO Box 2687 North Babylon NY 11703

Discover PO Box 3008 New Albany OH 43054-3008

Home Depot PO Box 790328 St Louis MO 63179

Kohls PO Box 3043 Milwaukee WI 53201-3043

Macys 9111 Duke Blvd Mason OH 45040 Mt Sinai Dr C-Tech Collections PO Box 402 Mount Sinai NY 11766

Nissan Motor Acceptance Corp PO Box 660366 Dallas TX 75266

Sallie Mae/U Promise PO Box 9500 Wilkes Barre PA 18773-9500

St Catherine of Sienna 50 Route 25A Smithtown NY 11787

St Catherine of Sienna Professional Claims Bureau, Inc PO Box 9060 Hicksville NY 11802

Wells Fargo Home Mortgage PO Box 14411 Des Moines IA 50306-3411